



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000001 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: LONGMEADOW GOLF CLUB INC.  
 DOING BUSINESS A  
 ADDRESS 435 ANDOVER ST./ BEHIND  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: MURPHY, BRIAN TYPE OF LICENSE: Club CATEGORY: All Alcohol  
 V.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 TWO STORY GLF CLUB HOUSE 13,320 SQ FT WITH LOCKED BATHROOMS, TWO  
 ENTRANCES/EXITS ON FIRST FLOOR, MEMBERS LOUNGE, KITCHEN, BATHROOMS,  
 FUNCTION HALL APTIO, FINE MEANS OF EGRESS TO GROUND LEVEL ON SECON FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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 Boston, MA 02114  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000003 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: BOSTON WEST HOSPITALITY LLC  
 DOING BUSINESS AS HOLIDAY INN TEWKSBURY  
 ADDRESS 4 HIGHWOOD DRIVE  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: DUPAUL, DONALD TYPE OF LICENSE: Innholder CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 5 STORY HOTEL WITH RESTAURANT, KITCHEN, LOBBY, INDOOR POOL AND SERVICE AREA. MAIN PUBLIC ENTRANCE TO HOTEL FROM NORTHWEST SIDE. KITCHEN ENTRANCE. PUBLIC ENTRANCES ON ALL SIDES OF BLDG. HOTEL WITH 238 GUEST ROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000006 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: OSCAR'S PINATA'S, INC.  
 DOING BUSINESS A  
 ADDRESS 346 MAIN ST.  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: WALL, KEVIN C. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 TWO STORY WOOD FRAME AND STUCCO BLDG. BAR, LOUNGE, RESTAURANT, KITCHEN AND DANCE FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000007 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: LEE AND JUAN INC.  
 DOING BUSINESS AS JADE EAST  
 ADDRESS 433 MAIN ST.  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: LEE, KEVIN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 ENTIRE BUILDING ON STREET LEVEL CONSISTING OF TWO ROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000008 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: TEWKSBURY DELI, INC.  
 DOING BUSINESS AS DELI KING  
 ADDRESS 885 MAIN ST.  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: GOMATOS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 DIMITRIOS

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG CONSISTING OF CONCRETE BLOCK AND WOOD FRAME  
 CONSTRUCTION CONTAINING APPROX 3928 SQ FT OF FLOOR SPACE WITH ONE  
 ENTRANCE IN THE FRONT OF THE BLDG AND OPEN ENTRANCE IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000009 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: Cara Ryan Corp  
 DOING BUSINESS AS TJ CALLAHAN'S  
 ADDRESS 1475 MAIN ST.  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: Callahan, Dawn TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000016 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: FATHER COPPENS BUILDING ASSOC. INC.  
 DOING BUSINESS A  
 ADDRESS 2068 MAIN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: WOODS, ROBERT TYPE OF LICENSE: Club CATEGORY: All Alcohol  
 F.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 ONE FLOOR AND CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000018 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: DISABLED AMERICAN VETERANS CHAPTER #110 INC.  
 DOING BUSINESS A  
 ADDRESS 180 POND STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: MAC TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol  
 DONALD,JOHN C.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 TWO FLOORS, ONE FUNCTION HALL, ONE MEETING QUARTER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000019 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: TWKSBR.Y.WLMNGTN.LDGE.#2070 B.P.O.E.OF U.S.A.  
 DOING BUSINESS A  
 ADDRESS 777 SOUTH ST.  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: DeVITO, TYPE OF LICENSE: Club CATEGORY: All Alcohol  
 MARYANN E.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 ONE FLOOR, 12 ROOMS PLUS 5 RESTROOMS AND GROVE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000020 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: TEWKSBURY POST #8164 OF V.F.W. U.S. INC.  
 DOING BUSINESS A  
 ADDRESS ST. MARY'S ROAD  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: DASCOLI, TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol  
 MICHAEL J.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 FIRST FLOOR KITCHEN, BAR, MAIN HALL, BOILER ROOM AND LOUNGE FOYER,  
 COATROOM RESTROOMS. BASEMENT IS FOR MEMBERS ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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 239 Causeway Street  
 Boston, MA 02114  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000022 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: SHIV INTERNATIONAL, INC.  
 DOING BUSINESS A TEWKSBURY CONVENIENT STORE  
 ADDRESS 156 SHAWSHEEN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: PATEL, SURESH R. TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 ONE STORY, TWO ROOMS WITH ENTRANCE AND EXIT ON CORNER OF FOSTER RD AND SHAWSHEEN ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000023 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: STADIUM LIQUOR MART,INC  
 DOING BUSINESS A  
 ADDRESS 10 MAIN ST  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: DEMOULAS, TYPE OF LICENSE:Package Store CATEGORY: All Alcohol  
 ARTHUR S.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 6000 SQ FT, ONE ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000025 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: RTE 38 LIQ,INC  
 DOING BUSINESS A SMITTY'S LIQUORS  
 ADDRESS 1091 MAIN ST  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: SCOTT, J. TYPE OF LICENSE:Package Store CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 MAIN PLAN FOR SELLING AND STORAGE CELLAR. FRONT AND REAR ROOM ON MAIN FLOOR. FRONT ENTRANCE ON MAIN ST. SIDE ENTRANCE ON NORTH- EASTERLY SIDE. TWO REAR ENTRANCES FOR EXITS AND LOADING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By: \_\_\_\_\_  
 \_\_\_\_\_  
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DATE:



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000027 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: J.S. KRISHNA CORPORATION  
 DOING BUSINESS AS HOBART'S COUNTY STORE  
 ADDRESS 2514 MAIN ST  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: PATEL, SANJAY TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 TWO ROOMS, FIRST FLOOR WITH BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
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DATE:



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000028

CITY OR TOWN TEWKSBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: K & B LIQUORS, INC.

DOING BUSINESS AS OAKDALE LIQUORS

ADDRESS 1900 MAIN STREET

CITY/TOWN: TEWKSBURY

STATE: MA

ZIP CODE: 01876

MANAGER: SILVA, JOSE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000029

CITY OR TOWN TEWKSBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PETE'S VARIETY & PACKAGE STORE,INC.

DOING BUSINESS A

ADDRESS 420 WOBURN ST

CITY/TOWN: TEWKSBURY

STATE: MA

ZIP CODE: 01876

MANAGER: STALKER,  
HAROLD P

TYPE OF LICENSE:Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR LOCATED AT WOBURN ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000030 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: AUBUT'S LIQUORS INC  
 DOING BUSINESS A  
 ADDRESS 1768 MAIN ST  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: AUBUT, JOSEPH A TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 ONE FLOOR, 2 ROOMS, ONE FOR RETAIL DISPLAY, ONE FOR STORAGE, INVENTORY AND UTILITY SPACE WITH FRONT ENTRANCE DOOR AND REAR EXIT DOOR AND 2 REAR DOCK LOADING DOORS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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 Boston, MA 02114  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000038 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: KAD,INC.  
 DOING BUSINESS AS SKY BOX  
 ADDRESS 553 MAIN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: FERRANTE,KRIST TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol  
 EN MARIE

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 7000 SQ FT BLDG WITH ENTRANCE ON MAIN ST, ONE SIDE EXIT INTO PARKING LOT  
 AREA, ONE REAR KITCHEN EXIT INTO PARKING LOT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000041 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: TEWKSBURY RI HOTEL ASSOCIATES LLC  
 DOING BUSINESS A RESIDENCE INN BY MARIOTT  
 ADDRESS 1775 ANDOVER STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: AJANEL,VILMA Y. TYPE OF LICENSE: Innholder CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE GATEHOUSE HEARTHROOM WITH FOUR ENTRANCE/EXITS.. 636 SQ. FT. THE GATEHOUSE MEETING ROOM WITH ONE ENTRANCE/EXITS, 338 SQ. FT. HOSPITALITY SUITE #137 WITH ONE ENTRANCE/EXIT 608 SQ. FT. THE MARKET/PANTRY ON FIRST FLOOR FOR SALE BY BOTTLE TO GUEST ONLY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000051 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: APPLE NEW ENGLAND LLC  
 DOING BUSINESS A  
 ADDRESS 85 MAIN ST  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: CALANDRELLO, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 MICHAEL J.  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 FREE STANDING FULL RESTAURANT FACILITY WITH FULL SERVICE KITCHEN AND  
 DINING ROOM WITH BAR SEATING 190 PEOPLE. FRONT ENTRANCE FOR PUBLIC, SIDE  
 EXIT FOR EMERGENCY PURPOSES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000053 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: VINCENZO DI PRIZIO  
 DOING BUSINESS AS CAPPELINI'S  
 ADDRESS 896 MAIN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: VINCENT TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 DIPRIZIO

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 FULL SERVICE ITALIAN RESTAURANT AND TAKE OUT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000054

CITY OR TOWN TEWKSBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHAWSHEEN CORP

DOING BUSINESS AS JC SPIRITS

ADDRESS 1699 Shawsheen st

CITY/TOWN: TEWKSBURY

STATE: MA

ZIP CODE: 01876

MANAGER: OP, KEVIN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

Unit 4, Keri Plaza. Approx 2177 sq ft

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000055 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: KYOTO JAPANESE STEAK HOUSE  
 DOING BUSINESS AS KYOTO OF TEWKSBURY, INC  
 ADDRESS 1487 MAIN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: LIN, YUHONG TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 165 SEAT RESTAURANT IN A SINGLE STORY MASON AND STEEL BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
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 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000056 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: SDA RESTAURANTS, INC.  
 DOING BUSINESS AS LUNA ROSSA RISTORANTE  
 ADDRESS 1699 SHAWSHEEN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: CENSO, DAVID DI TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000060

CITY OR TOWN TEWKSBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ST.MICHAEL CORPORATION

DOING BUSINESS A WHITE DOVE PANTRY

ADDRESS 00910B ANDOVER STREET

CITY/TOWN: TEWKSBURY

STATE: MA

ZIP CODE: 01876

MANAGER: FALTAOUS,MAGD TYPE OF LICENSE:Package Store  
 U

CATEGORY: Wine and  
 Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

910 ANDOVER STREET-2400 SQ. FT. RETAIL SPACE WITH FRONT DOOR FACING ANDOVER STREET AND REAR DOOR FOR DELIVERIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000061 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: AHPP, LLC  
 DOING BUSINESS A MAIN STREET LIQUORS  
 ADDRESS 391 MAIN ST  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: PATEL, ALPESH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 SINGLE STORY RETAIL SPACE CONTAINING APPROX 1200 S.F. ONE ENTRANCE IN FRONT AND ONE ENTRANCE ON SIDE OF BLDG. DISPLAY AREA, WALK IN COOLER, OFFICE, STORAGE AND DELIVERY AREA. ONE BATHROOM AND ONE HANDI- CAPPED BATHROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000062 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: 99 RESTAURANT OF BOSTON, LLC  
 DOING BUSINESS AS 99 Restaurant & Pub  
 ADDRESS 401 MAIN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: WINN, SHEILA M. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000063

CITY OR TOWN TEWKSBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEONIDAS C. KOURKOULOS & PAUL C. KOURKOULOS

DOING BUSINESS AS MAIN STREET PIZZA

ADDRESS 1268 MAIN STREET

CITY/TOWN: TEWKSBURY

STATE: MA

ZIP CODE: 01876

MANAGER: LEONIDAS C. KOURKOULOS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

COMMERCIAL ZONED WITHIN A STRIP MALL. ENTRANCE IN FRONT AND EXITS IN FRONT AND BACK OF BUILDING. TOTAL 1925 SQFT OF SPACE ON FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000064 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: SKEWER'S WOOD GRILL, INC.  
 DOING BUSINESS A  
 ADDRESS 1060 MAIN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: PANTELIS TYPE OF LICENSE: Restaurant CATEGORY: Wine and  
 KARAKATSONIS Malt Regular  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000065 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: GREEN MANGO, INC.  
 DOING BUSINESS AS MANGOS THAI CUISINE  
 ADDRESS 2171 MAIN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: ARDELLA IRENE TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 LIMB

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000067 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: TEWKSBURY COUNTRY CLUB EVENTS, INC  
 DOING BUSINESS AS TEWKSBURY COUNTRY CLUB  
 ADDRESS 1880 MAIN ST  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: GINSBURG, MARC TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 G

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 CLUB HOUSE EVENT FACILITY HOUSING FACILITY. DINING FOR GOLFERS & GUESTS,  
 PREMISES ALSO INCLUDE A 350 PERSON EVENT FACILITY FOR WEDDINGS, CONFERENCE,  
 PARTIES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000070

CITY OR TOWN TEWKSBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HILLTOP CORP.

DOING BUSINESS AS SAM'S VARIETY

ADDRESS 2316 MAIN STREET

CITY/TOWN: TEWKSBURY

STATE: MA

ZIP CODE: 01876

MANAGER: KOUSTENIS,  
CHRISTOS

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000071

CITY OR TOWN TEWKSBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ERGO LEGIS, CORP

DOING BUSINESS AS CRYSTALS

ADDRESS 1120 MAIN STREET

CITY/TOWN: TEWKSBURY

STATE: MA

ZIP CODE: 01876

MANAGER: SCARANO,  
ROBERT G.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000072

CITY OR TOWN TEWKSBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TS SOUL, INC

DOING BUSINESS AS TUK TUK, FINE THAI CUISINE

ADDRESS 1699 SHAWSHEEN ST

CITY/TOWN: TEWKSBURY

STATE: MA

ZIP CODE: 01876

MANAGER: SAKDA,  
SOPCHOCKHAI

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000073 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: THE TEWKSBURY ROD AND GUN CLUB, INC  
 DOING BUSINESS A  
 ADDRESS 79 CHANDLER ST  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: SICKLES, WILLIAM TYPE OF LICENSE: Club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 FUNCTION HALL WITH TWO EXITS, TWO RESTROOMS, 2376 SQ FT/ KITCHEN WITH OFFICE AND STORAGE

- I hereby certify and swear under penalties of perjury that:
1. the renewed license will be of the same type for the same premises now licensed;
  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
  3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000074 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: RARE HOSPITALITY INTERNATIONAL, INC.  
 DOING BUSINESS AS LONGHORN STEAKHOUSE  
 ADDRESS 1900 ANDOVER STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: STADTMAN, ROBERT DOUGLAS TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 FULL SERVICE REST., WITH DINING RM. LOUNGE AREA, BAR & KITCHEN HANDICAP  
 RSTRMS. FOR MEN & WOMEN. EMERGENCY EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:  
 (Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:  
 APPROVED:   
 DISAPPROVED:   
 (If disapproved explain)

LOCAL LICENSING AUTHORITY  
 By: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000075

CITY OR TOWN TEWKSBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Wicked Cheesy Pizza, Inc

DOING BUSINESS AS WICKED CHEESY

ADDRESS 725 Main St

CITY/TOWN: TEWKSBURY

STATE: MA

ZIP CODE: 01876

MANAGER: Scholfield, Brian

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000076 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: RYAN'S PUBS, LLC  
 DOING BUSINESS AS JON RYAN'S PUB  
 ADDRESS 1795 MAIN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: RYAN, ROBERT TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE/EXIT, ONE WESTERLY SIDE EXIT FROM DINING AREA, ONE  
 EASTERLY SIDE EXIT FROM BAR AREA, ONE EASTERLY SIDE ENTRANCE/EXIT TO THE  
 BAR COOLER, ONE ENTRANCE/EXIT TO KITCHEN COOLERS, REMOVE OF FALSE WALL  
 PARTITION BETWEEN BAR AND DINING AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000077 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: TRULL BROOK GOLF COURSE INC  
 DOING BUSINESS A  
 ADDRESS 170 RIVER ROAD  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: ALMAN, SHELDON TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GLOF CLUBHOUSE AND TENNIS BUILDING(EXCLUDING TENNIS COURT AREA) OUTSIDE PATIO AREA OF GOLF CLUBHOUSE...THE AREA CONTAING 18 HOLES OF THE GOLF COURSE TO BE SOLD FROM BEVERAGE CARTS...GOLF CLUBHOUSE HAS ONE MAIN ENTRANCE TO PRO SHOP, ONE ENTRANCE TO DINING ROOM OFF THE PATIO AREA, ONE SERVICE ENTRANCE TO KITCHEN, TENNIS BUILDING HAS ONE MAIN ENTRANCE...THREE EXITS FROM TENNIS COURTS AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000078 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: MEI'S FAMILY, INC  
 DOING BUSINESS AS CHOPSTICK EXPRESS CHINESE RESTAURANT  
 ADDRESS 910 ANDOVER ST  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: LIU, RUE MEI TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 2325 SF ON GROUND FLOOR, ONE FRONT ENTRANCE AND EXIT. KITCHEN, DINING ROOM  
 WITH TABLES AND BOOTHS AND NEW BAR COUNTER WITH STOOL SEATING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000079 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: ALFRESCA ITALIAN RESTORANTE, INC  
 DOING BUSINESS AS AL FRESCA RISTORANTE  
 ADDRESS 1768 MAIN STREET, #3  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: ANGLIUN, ERIKA TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 2,400 SQUARE FEET OF SINGLE FLOOR UNIT WITH ONE ENTRANCE/EXIT IN FRONT, ONE EMERGENCY EXIT IN MIDDLE RIGHT SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 127000080 CITY OR TOWN TEWKSBURY  
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  
 CLASS YEAR  
 LICENSEE NAME: TONYG. INC.  
 DOING BUSINESS AS ANGELINA'S ITALIAN RESTAURANT & PIZZERIA  
 ADDRESS 1866 MAIN STREET  
 CITY/TOWN: TEWKSBURY STATE: MA ZIP CODE: 01876  
 MANAGER: AMATO, SUSAN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:  
 2400 SQ FT FULL SERVICE RESTAURANT WITH FULL BAR, SEATING FOR 73, 3  
 BATHROOMS, KITCHEN, SALAD BAR, PREP AREA, PIZZA OVEN, SHELVING FOR STORAGE,  
 ENTRANCE/EXIT IN FRONT AND IN BACK NEAR KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: